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Original Communications.

CASE OF RUPTURE OF THE HEART.

By CHARLES E. BUCKINGHAM, M.D.

A. G. W. WAKED with severe pain in the cardiac region and in left forearm, about 1 o'clock on the morning of June 15th. He had twice before been troubled with pain in the same region, with some weeks interval, but in the daytime, and after severe exercise on one of the occasions.

Age 67, very active, rather pale and spare, tall, of perfectly regular habits, and of cheerful disposition. I saw him within half an hour from the beginning of this attack. There was no dyspnoea; no nausea; no error in diet, unless it were too limited; bowels have been in regular order; pulse 48, and very feeble; skin cold and dry; impulse of heart imperceptible; both sounds of heart indistinct, and the first almost imperceptible. His pain was intense, and I injected a little more than a fourth ( $\frac{1}{4}$ ) grain of morphia into his left forearm, and repeated it in right forearm in fifteen minutes. He had had a sinapism to chest, and a glass of hot brandy and water, before I saw him. At 2.15, A.M., after taking carbonate of ammonia, the pulse was 44, and fuller. At 2.30, A.M., both cardiac sounds were audible, and slight impulse could be felt. The pain, especially in the chest, was growing less.

8.30, A.M.—Pulse 88, and of moderate strength. Impulse of heart weak. Both sounds audible, and most distinct at the apex, where alone is the first equal to the second sound.

June 16th.—Skin warm. Has not as yet been free from pain, either in chest or forearm, but it is mostly in left forearm. Pulse 70. Both sounds of heart audible, but first is feeble. It is most distinct at the apex. Impulse to be seen as well as felt. No souffle.

17th.—Pulse 66, with a distinct intermission, almost invariably after every third beat. First sound barely perceptible, except at apex, where it is less than the se-

cond. At that point, and at that point only, is there a positive "to and fro" sound. The impulse is positive to the eye in the sixth intercostal space. Much soreness in cardiac region.

18th.—Pulse 80. Free from pain. Both sounds to be heard, but second most distinct. Souffle at apex, with first sound.

19th.—Pulse 70. Very little pain. At apex, both sounds distinct, but occasional sound like rubbing, with one or the other. Rhythm regular. At the base, sounds less distinct.

20th.—Pulse 74. Both sounds distinct at apex, but not sufficiently so at base of heart.

21st.—Sitting up, and dressed. Pulse 80. Feels and looks pretty well. Skin cool and slightly moist. Cardiac signs far from positive. No pain.

23d.—Pulse 80. Sounds feeble.

24th.—Sitting up most of the day. Was feeling pretty well. About 10, P.M., suddenly taken with pain in left chest and left forearm, and died before the expiration of five minutes.

*Autopsy*, by Dr. C. W. Swan, forty hours after death, the body having been in ice.

Seventeen ounces of blood in the pericardium, mostly in the form of a smooth envelope of recent black coagulum. In the anterior wall of the left ventricle, near the apex, was a single rent two inches in length, sinuous in detail and somewhat curved in general outline, with the convexity downwards and to the right, with its upper limit near the septum and its general direction downwards and outwards, so as to lie parallel to the veins branching over the surface of the ventricle.

A slight aneurismal condition of the ventricle, at the seat of the rupture, was indicated externally by a distinct prominence, and internally by a rounded fossa about three fourths of an inch in diameter, formed by a destruction of the trabeculae and thinning of the ventricular wall, and containing in its crypts pale-reddish, rather firm coagula of *ante-mortem* formation, but filled in the main with recent black coagulum.

VOL. II.—No. 8

[WHOLE No. 2117.]

The muscular substance, particularly of the left ventricle, was friable and uniformly pale, due to a well-marked fatty degeneration of the fibres. The heart was of normal size, and had no abnormal deposit of fat upon its surface. The body was lean.

Lungs perfectly well, and pleural surfaces free from adhesions.

Abdominal organs not remarkable.

#### MORAL INSANITY.

By T. W. FISHER, M.D., Boston.

THIS term was used by Prichard to designate all cases of insanity affecting the emotional in contradistinction from the intellectual nature. By abuse it has been limited to such as are characterized by perversity, vicious propensities, or criminal impulses, and in this sense it has been denounced as a fiction of the medical brain, unfounded in fact and pernicious in tendency. The term is objectionable, since it is not an equivalent in its common acceptation for disorders of the emotional nature. A more appropriate designation, and one in use, is Affective Insanity. Still, all the reluctance to recognize those forms of mental disorder which do not compromise in some marked degree the intellectual powers, is not dependent on a name. That a man of calm exterior, in full possession of his usual conversational powers, of sound memory, his capacity for business unaffected, and, in fact, to an ordinary observer, in his usual frame and disposition of mind, may not be responsible for acts of outrage and crime, is a startling proposition; especially when a judicial investigation may fail to elicit any intellectual aberration, and may, on the contrary, furnish some evidence of those motives which usually influence the criminal. It is hard in such cases to acknowledge the existence of a disease which is only apparent to the physician trained to the observation of mental disorder, and whose manifestations so closely resemble crime. When the masculine sympathies of court, lawyers and jury are strongly appealed to, as in the well-known Mary Harris case, acquittal is easy. But let the defendant be poor, unknown, or perhaps vicious and repulsive, and his life depends on such weight as may be allowed to medical evidence, founded, too often, on insufficient opportunities for examination. It is noticeable, too, how differently the sympathies of the public run. If the diseased impulse result in suicide, apologists are numerous. It is then seen how hard it is

to fathom the undercurrents of the individual mind; and how superficial those social disguises which deceive even the nearest friends, and, so habitual are they, ourselves also. It is then seen with what power the unconscious automatic operations of mind assert themselves, when its healthy balance is disturbed by disease. If, however, the same train of hidden causes eventuate in some act of violence, or murder, public prejudice is sure to be the other way. The question, as to what safeguards are required for the protection of individual as well as public rights, is already before a Section of our District Society, and it is not my purpose to discuss it here.

It is to be regretted that in the examination of obscure cases we have yet no crucial tests, but must depend on such scanty indications of the true mental and cerebral condition, previous to the outbreak, as can be gathered from unobservant and ignorant persons. As to the actual state at the time of examination, many influences may be at work to obscure the truth. Under a close observation, some cases of seemingly pure insane impulse have been found to be merely symptomatic of a progressive cerebral disease of long standing; a fact which, with some minds, has tended to throw doubt upon the existence of an insane impulse, and even of affective insanity. They claim that the criminal act which so shocks the community is based on a mental disturbance too profound for easy observation. That in cases of emotional disorder the intellect does, or sooner or later will, suffer. However theoretically correct these views may be, we must deal practically with partial forms of insanity, and especially with insane impulse. We have to do with facts which are matters of observation, if they cannot always be demonstrated to the satisfaction of everybody; and we do not help matters by assuming the existence of intellectual disorder which we cannot discover.

The most common form of affective insanity is that of simple melancholia. It is often accompanied by suicidal, and more rarely by homicidal impulse. Admitting this variety, which is sufficiently well defined to exclude all doubt, it is natural to look for cases of a different type, characterized by exaltation or perversion of the different propensities, desires, emotions or sentiments. We do find such cases in great variety, some marked by acute and others by chronic emotional excitement; some forms are harmless, others dangerous, from instinctive and uncontrollable impulses.

There is a form of affective disease, occurring in the young, and generally hereditary, which has been termed "moral idiocy." It is manifested by a tendency to mischievous, cruel, vicious or criminal acts, with a lack of feeling for their true nature. These acts in themselves do not constitute the disease, since the healthiest minds may yield to temptation; but when repeatedly observed in the young without special motive, and generally without compunction or remorse, they do point to some fault of the cerebral organization; and when taken in connection with the family history and a frequent termination in general insanity, the evidence is often overwhelming.

The term "moral idiocy" is, perhaps, too strong, since the sense of right and wrong may not be wholly wanting. There is apt to be an aversion to study and a lack of intellectual strength, though these patients not unfrequently get much credit for ability in certain directions. They are quick at games and ingenious in mischief. Their observation of character may be keen, and is sometimes put to successful use in their various schemes. They are cunning in disguises and excuses, feigning emotions they do not feel, and controlling their impulses for a time, when necessary to avoid punishment. As the desires stimulate both thought and action, they are intellectually strong in those directions which run parallel to their propensities.

A score of cases might be cited, and many will occur to physicians, of which discretion prevents any record being made. In too many cases, these victims of hereditary mal-organization have been given over to the indiscriminating discipline of the law.

CASE I.—A. B., family history unknown. Previous to age of eleven, gave his parents much trouble by his mischievous propensities. Stole jewelry from a peddler's wagon. Threw stones on the railroad track, "to see the cars crack 'em"! Would leave home to avoid punishment, and wander about, sleeping in barns and outhouses. Had a rather wild look, the neighbors said, and a head, smallest at the top. Was a dull scholar. At the age of eleven, he drowned, without provocation, a school-mate, five years of age, simply, as he said, "to see the little devil kick in the water!" He was arrested and convicted of murder, but his age would not allow of capital punishment by the law, and he was sent to the "School Ship," and afterwards to the Westboro' Reform School. He expressed no regret for the murder, and talked of it with indifference with his comrades. He gives the officers of the school

much trouble and is often under discipline. Is known by the boys as "crazy B."

CASE II.—C. D., was the son of parents and grandparents of marked intellectual ability, and noted for piety. His brothers and sisters inherited these qualities in different degrees, with a large share of nervous susceptibility, in two cases amounting to disease. At an early age, he gave proofs of mischievous tendencies, for which, during minority, he became notorious. Before puberty, he set fire to a building. Was skilful in obtaining money by ingenious devices, as "well as by thieving." Was indifferent when his misdeeds were discovered, and often careless of exposure. Was an indifferent scholar, and always in trouble at school. Ran away from home, at last, and became an adventurer, ready to enlist in any wild scheme which promised excitement or profit. Led an irregular life till the war broke out, when he was killed in battle.

CASE III.—E. F. Father of nervous temperament. Female cousin insane. Mother not living. Boy's history the usual one, viz., a series of scrapes from childhood. Chose playmates younger than himself. Disliked school, and feigned illness to avoid study. Mischievous tendencies increased after puberty, and it became necessary to send him to an hospital, to escape the law. On admission, his ideas were slightly incoherent for a day or two. Soon became calm, and talked plausibly. Wrote letters full of stock phrases of piety, for a purpose. Was quick to learn the weak side of his fellow-patients, and fond of annoying them. Was constantly in trouble, and requiring discipline. Was discharged, unimproved, after four months' residence. Soon ran away from home, and was arrested for horse-stealing in another State. Was returned to the hospital, and remains unimproved after eighteen months.

It is impossible adequately to describe cases like the preceding, but the observer has no room for a shadow of doubt in the existence of defect or disease. From them arises the belief in a *modified* responsibility, which is an established doctrine in the minds of all alienists. It follows naturally upon that of the hereditary transmission of mental qualities, so ably expounded from time to time by Dr. Ray, and of late by Dr. O. W. Holmes. If the disciples of this doctrine have erred by too great leniency for crime or sin, both law and theology are guilty of the opposite error. Both, too often stretch each individual on their Procrustean bed, regardless of his mental stat-

ure. Some excuse for this exists in the undefined character of the evidence we are able to bring, in certain cases, in support of defect or disease of the brain. But this inability to furnish proof to minds not trained to appreciate it, does not necessarily affect its character.

A case in point was that of Green, the Malden murderer. The plea of insanity could not be sustained, but the signs of defective cerebral organization were patent to every careful observer. The family history furnished abundant proof of transmitted imperfections, both physical and mental, affording a dreary catalogue of insanity, idiocy, intemperance and scrofula, which *could not but* propagate itself in some form. These points, with an individual history in perfect harmony with the family life, up to the time of the murder, satisfied the experts who examined him of his limited responsibility. It is needless to recall the noble action of the late Gov. Andrew in this case, and the evidence it afforded of a mind above technicalities, and dwelling habitually in the higher domain of truth.

The weight of the brain, in this case, justified the medical opinions on which this action was based. It was ten ounces below the average, the cerebellum being disproportionately large. In comparing it with the brain of Daniel Webster, for instance, it might be said that the disparity was no greater than the difference in their physical proportions; but a puny frame may be equally a mark of degeneration. Nor is it possible to establish a direct ratio between the weight of the brain and the gross weight of the body. Microscopic tests of quality were not attempted; but it is to be hoped this method of examination may become more common.

While writing the above, there has appeared, in the *Atlantic Monthly* for May, a decidedly sensation article entitled "A Modern *Lettre de Cachet*." The writer, although a "Philadelphia lawyer" as it would seem, admits himself puzzled by what he calls the medical subtlety of "emotional insanity," and attempts to show the ease by which the "liberties of the citizen may be frittered away" by means of it. Why he should term emotional insanity a subtlety does not transpire, unless, knowing the value of the legal article, he suspects everything he does not understand. It cannot be denied that the brain is the organ of the *whole* mind, its moral as well as intellectual faculties; that disease is not limited to any part of its structure; how, then, can any of its functions be excluded

from all chance of disorder? He does not suggest the means of reforming this state of things, but it is fair to suppose he would apply the sovereign remedy of the law, though it is not clear how court, jury and lawyers are to diagnosticate a case of insanity any more easily than one of Bright's disease, lead palsy, or disease of the heart. The fact is, that lawyers have abused the plea of insanity, and by means of inexperienced and incompetent medical witnesses have brought it into disrepute.

It is hard to close even so hasty a sketch without a glance at the wide and important bearings of this subject on our estimate of human actions. In any case under actual examination, the most severe scrutiny and prolonged observation should be made, in order to approximate the true limit of responsibility; but we are justified in some broader inferences when we consider the immense range between the savage or heathen mind and the highest products of Christianity and civilization. From our moral elevation, do we not find it hard to realize the narrow limitations due to poverty, ignorance and disease; and are we not prone to forget, in spite of our boasted advantages, that poverty, ignorance and disease still breed heathen and savages at our very doors?

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### Reports of Medical Societies.

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BOSTON SOCIETY FOR MEDICAL IMPROVEMENT.  
CHARLES D. HOMANS, M.D., SECRETARY.

MAY 25th.—*Forms taken by after Impressions of the Retina, according to the direction of the plane to which the eyes are turned.*—Dr. J. WYMAN gave an account of some observations made by him on the forms which after impressions of the retina take, according to the direction of the plane to which the eyes are turned. If a dark circle, drawn upon a light ground and in a plane at right angles to the axis of the eye, is viewed until the retina is excited, and then the eye be turned to a differently colored surface and in a vertical plane more or less oblique to the axis, the image is no longer circular, but elliptical, the long diameter of the ellipse being parallel to the axis; or, if the figure viewed be elliptical, with its long diameter vertical, its short diameter, under similar circumstances, becomes lengthened, so as to appear more or less circular, according to the obliquity of the second surface to which the eye is turned.



The circular figure assumes the form of a conic section, under the circumstances just mentioned, and a square figure that of the more or less oblique section of a pyramid. Other forms will be produced, according to the shape of the original figure viewed.

If the eye is directed to the line of union of two planes, the after image conforms to these, and its two halves form an angle with each other, corresponding with that which the two planes make.

The form of the original impression on the retina being constant in all these cases, the changes which it appears to undergo are the result of the mental interpretation of the impression and the conditions under which it is observed.

JUNE 22d.—*Preservation of Animal Tissues*.—Dr. COOLIDGE showed a foot and lower part of leg injected seven weeks before (48 days). The preparation used was a mixture of carbolic acid, glycerine, sugar and gelatine. The parts were in perfect preservation, soft and natural in appearance. Dr. Coolidge said:—

"The carbolic acid and glycerine are the principal preservatives. Last year I assisted at some experiments made at Clermont. The preservative used there for dissections is a solution of the hyposulphite of soda (so I was told). It is not as good as the arseniate of soda, used in the Harvard Medical School. It does not smart if it gets under the nails, as does a solution of arsenic. The arseniate of soda does not either. The solution of the hyposulphite is expensive. Glycerine and sugar was used combined with it, and did tolerably well, but was not permanent. If molasses was substituted for the sugar, it seemed to hasten the decomposition. There was also a smell similar to that produced by the fermentation of molasses. Parts of the muscles of the thigh, injected, I believe, principally with a solution of sugar, kept well during the hot weather, hung up without protection, though a mould would appear on it; it remained soft, with no loss of bulk. The most remarkable anatomical preparations, as regards the mere keeping of them, were those of Brissaud and Lakowski. An arm dissected and a heart were in the Musée Orfila, and were a great progress over the usual way. The relations of the parts were preserved; they were not dried up, as they commonly are.

"The process was a secret, but I was told that it was principally an injection of carbolic acid and sugar, with, perhaps, an after-coat of a solution of gelatine, or gelatine in sugar and water."

JUNE 22d.—*Polypus Uteri*.—Dr. MINOR showed the specimen, which he had removed the day before from a mulatto woman, 40 years old. She was married, and had one child, 15 years ago. For a year past she complained of uneasy feelings about the pelvis, of vaginal discharge and dysuria, but had had no hæmorrhage, nor even menorrhagia. The tumor was discovered by her physician, who was called to pass the catheter. The vagina was filled by a firm, ovoid, insensible tumor, which was quite movable, and was connected with the interior of the uterus by a stalk an inch in diameter. It was seized with a vulsellum, drawn down, and the pedicle divided with scissors. The remainder of the pedicle, about an inch and a half in length, was then cut off in the same way. There was no hæmorrhage, and the woman was well in a few days. The tumor was an ordinary uterine fibroid, and was of about the size of the fist.

AUG. 10th.—*Polypus Uteri*.—Dr. MINOR showed a specimen of fibrous polypus of the womb, of about the size of a lemon, which he had removed from a hospital patient, 38 years old, married, who had had two children more than nine years ago, and one abortion eight years ago. She was well till December, 1867, when the catamenia became excessive in amount and duration, often lasting three weeks, and accompanied with clots. There was a severe feeling of burning in the lower part of the abdomen, and pain in the back. These symptoms continued to the present time, and of late she had difficulty in urinating. A tumor was felt in the upper part of the vagina, protruding from the os uteri, and attached by a thick pedicle to the lower and posterior part of the body of the uterus. The tumor was drawn down, and the pedicle was severed with scissors. No hæmorrhage followed, and in a week the patient was able to return to her home in the country.

AUG. 24th.—*Cancer of the Sacrum and the neighboring parts*.—Dr. LYMAN reported the case.

AUG. 2d, 1868, was called in night to see Mrs. N. Found her suffering from great distress in lumbar, sciatic and crural regions, and inability to pass water. On attempting to pass the catheter, found the whole pelvis filled by a tumor resembling a child's head about to emerge from the inferior strait, the perineum distended and a shining projecting mass separating the vulva. Found it necessary to use a flexible male catheter to reach the bladder, and

injected morphine for temporary relief to her pain and restlessness.

Her history was as follows:—Age, 39. Has had seven pregnancies, the last six years ago, eighteen months subsequent to which was in perfect health. Between three and four years since, began to suffer principally from constipation, and then for the first time became aware of the presence of some foreign body in pelvis. Menses normal. The past year has been more comfortable by keeping bowels soluble, though much of the time has been obliged to lie in the prone position. No great difficulty in passing water until the last six months, and not *all* the time during that period. In two of the deliveries version was required, and a third case was born a footling. Between three and four years ago, owing to a powerful purgative, had severe hypercatharsis, and felt something give way, followed by severe lumbar pains, and has not felt well since. Had "many doctors," some of whom recognized a tumor, "but had never seen anything of the kind before."

A superficial examination shows slight fullness of the abdomen, percussion resonant except in supra-pubic region; per vaginam, the finger passes close behind the pubis only, the posterior vaginal wall pushed forward, distended, and separating labia. No oedema; countenance sallow and anæmic; nutrition fair.

Previous to this attack, the fæces have been well formed, and, as a rule, of natural consistence. Injected morphine for temporary relief, and advised a more thorough examination under ether, which was made the following day (Aug. 3d), in consultation with Dr. Putnam.

The whole cavity of the pelvis was found apparently filled with a slightly elastic tumor, perfectly firm and immovable. Os tinæ could not be reached. Uterus discovered entirely above pubes by external manifestation, of normal size, and freely movable. Tumor found to be entirely behind the rectum. A rectal bougie, by guiding at first over the front of the mass, passed at first close behind the left side of the pubis, and then curving to the right its extremity was perceptible to the touch, and by its movement to the eye, between the right ilium and umbilicus. Uterus, rectum and vagina uncomplicated, except by displacement. Passed an exploring needle deep into the tumor, through the posterior wall of the rectum, without result. Sensation like that of thickened tunica vaginalis pierced for hydrocele.

No pulsation or throbbing ever felt; no paralysis, but constant sciatic pains on left side. No hereditary tendency to malignant disease.

The diagnosis remained between fibrous or malignant growth from the sacrum or left brim of pelvis posteriorly.

The absence of pulsation or throbbing excluded aneurism.

Any growth from the uterus or appendages would have been in front of the rectum.

It was too large, firm and immovable for dislocated kidney.

A pelvic hæmatocele would probably originate from the uterus or its appendages, and be in front of the rectum.

Aug. 4th.—Very comfortable. Had free liquid discharge from two thirds of a spoonful of Rochelle salt, entirely involuntary and without sensation.

9th.—Catheter required three times daily. Dejection from Rochelle salt involuntary again. Left foot becoming œdematous. More comfortable, and takes small quantities of food. Complaints of pricking sensation in left leg, and fears paralysis.

11th.—Called at 5, A.M. Greatly prostrated from succession of thin fecal discharges during night. Pulse so small and rapid that it could not be counted; surface cold, mind wandering. Gave brandy freely and small dose of chalk mixture and opium. Free reaction in an hour. Some stupor and moaning, though easily roused; this continued through the day, with high fever and restlessness. No pain, except in hips. Urine scanty and turbid; mouth aphthous.

12th.—More comfortable in every way. Dr. Hodges saw her with me to-day. Less pressure at pelvic outlet. Tendency to abscess over lumbar and left sacro-iliac region now manifest, with distinct crepitus. Edema now extends over whole left leg.

14th.—Posterior prominence decidedly increased. Slight menstrual discharge to-day.

15th.—Death at 4, A.M.

A hurried autopsy, twelve hours after death, showed the general correctness of the diagnosis. Drs. Oliver and Willard present.

Emaciation not extreme. Upper posterior half of ilium perfectly movable and crepitant. Bladder hard and contracted. Uterus above pubes, and healthy. An ovarian cyst, size of hen's egg, on right side, and two, size of pigeon's egg and filbert respectively, on left side. Rectum in position indicated by tube before death. Hollow of sacrum and pelvis occupied by a

globular, thickened cyst, so firmly attached that it could not be removed without a more elaborate dissection than the circumstances permitted. It contained about two pints of grumous, decomposed blood. Its posterior attachments could not be accurately defined, the sacral bones below the promontory and the corresponding portions of the left ilium being entirely destroyed. The last lumbar vertebra was completely honey-combed from beneath. No laminae of lymph on the internal surface of the cyst, and no arterial opening found. No bony laminae on surface of cyst. The disease was doubtless malignant, as the destruction of the bones extended far beyond any limit of pressure from the cyst, nor was the latter so large as to cause destructive pressure and absorption. Whether the cyst itself were aneurismal or an hæmatocele, it was doubtless secondary to the osteoid disease, and probably caused by the opening of some arterial branch by spicule of bone resulting from its erosion or ulceration.

A very remarkable feature of the case consists in the fact that, with such destruction of the sacrum and ilium, the patient was able to take a carriage-ride a month before death, to walk across her room, with some assistance, three weeks before death, and to sit up without much difficulty upon the night-stool a week before death.

#### AMERICAN PHARMACEUTICAL ASSOCIATION.

##### FIRST DAY.

The sixteenth annual meeting of the American Pharmaceutical Association began Tuesday afternoon, Sept. 8th, at the building occupied by the Philadelphia College of Pharmacy. Over 100 members were present, comprising delegates from nearly all the States and from Canada.

In the absence of Dr. Milhan, of New York, the president, the meeting was called to order by the first vice-president, Robert J. Brown, of Kansas.

A committee to nominate officers for the ensuing year was then appointed, consisting of one member from each delegation.

The report of the committee on the progress of pharmacy was presented by the chairman, Mr. Lewis Deidt, of Louisville, Ky. It contained a detailed account of the discoveries and improvements in pharmaceutical science during the past year, and brief notices of the many eminent men, in this department of knowledge, who have died since the last meeting.

The report of the permanent committee on the Pharmacopœia was presented by Dr. Squibb, of Brooklyn, N. Y., urging a thorough revision of that book for the convention of 1870. This report, with those previously mentioned, was then referred to the executive committee for publication.

##### SECOND DAY.

Pursuant to adjournment, the association met at 10 o'clock.

The report of the treasurer was presented by that officer, Mr. Charles A. Tufts of Dover, N. H. It shows the association to be in a flourishing condition, financially and otherwise. There are 728 members on the list. Under the resolution requesting members to waive their right to life membership, adopted at the last meeting, 419 have relinquished that right, and 86 declined to do so.

The nominating committee reported the following nominations for officers for the ensuing year, and they were unanimously elected:—

*President*—Edward Parrish, Philadelphia.

*Vice Presidents*—Ferris Bringham, Wilmington, Del.; E. S. Wayne, Cincinnati, Ohio; Albert S. Ebert, Chicago, Ill.

*Treasurer*—Chas. A. Tufts, Dover, N. H.

*Permanent Secretary*—John M. Maisch, Philadelphia.

*Executive Committee*—Thos. S. Wiegand, chairman, Philadelphia; P. W. Bedford, New York; Charles A. Heinitsch, Lancaster, Pa.; Thomas E. Jenkins, Louisville, Ky.; Professor John M. Maisch, *ex officio*, Philadelphia.

*Committee on the Progress of Pharmacy*—Frederick Hoffman, of New York; Dr. F. Mahlo, Ph.D., Chicago, Ill.; Louis Dobur, Baltimore; G. F. H. Markoe, Boston, Mass.

*Committee on the Drug Market*—W. A. Gillat, chairman, New York; Charles Bullock, Philadelphia; Henry W. Fuller, Chicago, Ill.; John P. Marth, Baltimore, Md.; Isaac T. Campbell, Boston, Mass.

*Committee on Scientific Queries*—Wm. Procter, Jr., chairman, Philadelphia; George C. Clare, Brooklyn, N. Y.; I. J. Graham, Philadelphia.

*Business Committee*—A. B. Taylor, Philadelphia; John F. Hancock, Baltimore, Md.; E. H. Sargent, Chicago, Ill.

*Permanent Care of the Pharmacopœia*—William Procter, Jr., Philadelphia; Alfred B. Taylor, Philadelphia.

Mr. D. S. Robbins of New York, from the committee on the drug market, presented a very long report, comparing the tariff on drugs in this country with that of vari-

ous European countries, from which it appeared that the duties on these goods in the United States are much greater than in any other country, and criticizing the enumeration of articles in the American tariff law as being greatly inferior to that of foreign countries. It was stated that, while the duties on drugs are excessively high, the amount of revenue derived by the government therefrom does not pay the expenses of collection. The reduction of the tax on liquor was considered at length, as being particularly beneficial to pharmacists, whose compounds contain a large proportion of alcohol. The great amount of smuggling in the costlier drugs was discussed and free trade advocated as the only remedy for that evil. The report was particularly severe upon the law which provides for the examination of drugs on their arrival at our ports, and expressed a hope that the law would be speedily repealed.

At the last session of the society a communication was received from the East River Medical Association of New York, deprecating the practice of the pharmacists in renewing physicians' prescriptions without an order from the physician, and pledging themselves not to recommend any pharmacist who continued the practice. This communication, which was laid upon the table last year, was taken up, and after discussion referred to a special committee.

Dr. E. R. Squibb, of New York, read a paper on Rhubarb, the prominent points of which were to show that the quality of rhubarb and other drugs in the market depended upon the demand; that the demand is controlled by the class of dispensers represented in and by this association, and therefore that to the dispensers belongs the credit or discredit in regard to the quality as met with in the general market. The quality of rhubarb for some years past has been low, sometimes very bad, and generally declining, and the object of the paper was to show that this condition was due to the demand for the impossible conditions of high quality and low cost, making the cost the important element. These points were illustrated by the exhibition of packages of rhubarb and by instances from the New York market.

Dr. Squibb also read a long paper on creosote or so-called carbolic acid and its present applications, and detailing some interesting experiments upon the azymotic and antiseptic powers of this important substance. The practical purport of this paper, so far as the public is concerned, was its application to disinfectant and hy-

gienic uses in connection with the public health, in relation to which its importance can hardly be overestimated.

Mr. Frederick Stearns, of Detroit, from the committee to whom was referred the communication of the East River Medical Association, reported a resolution that the association regards the pharmacist as the proper custodian and owner of the physician's prescription once dispensed; that a restriction of the pharmacist to a single dispensation of a prescription without the written authority of the prescribing physician for its renewal is neither practicable nor within the province of the association; that the indiscriminate renewal of prescriptions, especially when intended for the use of others than those for whom they were prescribed, is neither just to the physician nor the patient, and should be discouraged.

Professor John M. Maisch presented the report of the committee on legislation in regard to the practice of pharmacy. This report was very long and interesting. It is the desire of the pharmacists represented by this association to secure the passage of a law regulating the dispensing of drugs, and confining the practice of pharmacy to competent persons. Professor Maisch, as chairman of this committee, has been in correspondence with the proper officials of all the States and Territories in regard to the subject, and the report embraced the several communications, with a statement of the present condition of the various State laws in relation to pharmacy. The facts appear to be that in the majority of the States there has been no legislation upon the matter, but that its importance is appreciated, the only difficulty in the way of such legislation being a lack of information on the part of the legislatures as to the proper method of ascertaining the qualifications of the pharmacists, and regulating the business generally. Some of the legislatures have already undertaken to legislate upon the subject, but abandoned the attempt in consequence of the want of a thorough understanding of the subject. The association received the most flattering assurances that such a law as it might frame and recommend would be adopted by the States.

On motion, it was voted that the next annual meeting be held at Chicago on the first Tuesday of September, 1869.

Mr. G. F. H. Markoe, of Boston, read a very valuable paper on "the Deodorization of Alcohol, used in making Fluid Extracts."

Mr. Henry W. Lincoln, of Boston, read a very interesting paper on "The History and

Derivation of the Coat of Arms of the Apothecaries of London," giving a detailed account of the successive changes through which the profession of pharmacy has passed until the present time, and the contemporaneous alterations made in the coat of arms to commemorate those changes, so that an analysis of the present seal embraces the history of the profession from the earliest date. This paper was received with much applause, and specially commended as opening a new field of research; and, being replete with quaint quotations from ancient authors and laws, poetical extracts and interesting facts concerning the practice of the profession in olden times, was listened to with close attention, not only by the members of the association, but by the large number present who had no particular interest in pharmacy.

### Bibliographical Notices.

*Treatment of Diseased Joints by Escharotics.*  
By FRED. KIRKPATRICK, M.B., F.R.C.S.I.  
Dublin. 1867.

THE methods of doing and of not doing a thing are so manifold in the present day of constant invention, that we cannot be surprised at any means which are offered in our profession for the accomplishment of an end. The desire for operating and the principles of conservative surgery, polypharmacy and the expectant method, give a wide scope for the ingenuity of our brethren to work upon in the treatment of disease.

The method employed by Dr. Kirkpatrick claims to belong to conservative surgery, viz., a means of accomplishing the cure of diseased joints and bones without the use of the so-much-dreaded knife. Whether or not the knife is to be dreaded at the present day; whether the use of anæsthetics has not absolved it from nine tenths of the horrors which it possessed before, and whether physicians are not fostering, when they should quiet popular fear in reference to operative methods, are considerations which ought to arise. It is a question, too, whether the method proposed by Dr. Kirkpatrick is not productive of far greater pain than the knife would cause, and whether the ultimate results are any better than those otherwise obtained. The suggestion of Dr. Kirkpatrick is the treatment by the deep introduction of caustic (potassa cum calce) into the cancellated structure of the

articulating extremities of bones in the incipient stage of disease, or that of inflammatory congestion, and into the joint itself in the more advanced periods. The author believes that "the present era of the profession is peculiarly apt for the consideration of this subject, inasmuch as the literature of this portion of surgery is daily becoming more and more unsettled and contradictory, some surgeons of highest authority advocating early operative interference, whilst yet the constitution is unimpaired by the exhaustive progress of disease; other distinguished men putting their faith in rest, with proper mechanical adjustment, and advising that patient trust should be placed in the healing operations of nature."

He thus quotes Mr. Holmes Coote, of St. Bartholomew's Hospital, who, in turn, bases his calculations on the statistics of Dr. Hodges, of this city:—"Considering the mortality after the operation, excision for hip disease does not merit a very favorable verdict. Excision at the knee, although occasionally yielding brilliant results, is an operation to be practised with great reserve. Excisions at the wrist-joint being followed by a large proportion of failures, and, when successful, the usefulness of the hand being so limited, are operations not sanctioned by sound judgment or conservative surgery. Operations on the foot for strumous disease usually yield unsatisfactory results."

Alluding to the experience of surgeons, and especially to his own extended practice of twenty-five years, Dr. K. fails to find that result which might be considered satisfactory in treatment by simple rest, the use of apparatus, good food, &c.; especially are good results unattainable in the case of the lower classes, among whom, unfortunately, most of the cases in question take their origin. A certain amount of success may indeed be looked for among the better classes of the community, but the treatment by rest seems to him to have been a history of failures; he has seen disease extending from joint to joint, until the limb came to amputation, or the patient was exhausted by the drain on his system or concurrent organic disease.

Dreading either alternative, Dr. Kirkpatrick employed treatment by cauterization, to which he was led by the following gradation; he says:—"Having often remarked the healthy reparative action that followed the use of potassa cum calce in sinuses in the groin, neck and axilla, I began to introduce it into fistulae leading down to diseased bone, at first with caution, then



more boldly, and, finally, disregarding Sir B. Brodie's strong injunctions against letting potassa fusa enter a sinus, I proceeded to carry its action deeply down, converting the small, contracted, painful orifices into large, funnel-shaped openings, and bringing the carious bone into view and within reach of the farther application of the caustic. In this manner, several cases of disease of the carpus and tarsus, and of the flat and superficial bones were successfully treated, the caustic being re-applied at intervals of a few days, to keep the orifices freely open until the carious bone had disappeared or was covered over with firm granulations. In a similar manner, several cases of chronic necrosis were treated, the caustic being very freely used, destroying all foul undermined integument, and leaving, after the removal of the sloughs, large, clean, circular openings, more than an inch in diameter, and extending deeply down to the sequestrum, into contact with which the caustic, in stick and powder, was freely brought. In this manner, two cases of necrosis of the fibula, very similar to each other, in which numerous openings led down to diseased bone, and where the patients were reduced to the lowest state by years of suffering, were perfectly cured within six months. In a case of necrosis of the heel in a lad, who was deformed by the effects of an old hip disease, a caustic perforation was made at each side of the heel, and the powder was brought into contact with the dead bone, until it was so removed that a catheter was passed quite through the heel, no inflammation or constitutional disturbance having been caused or excited. A very speedy cure was effected in this case, and the heel, which was so much enlarged and thickened at first that it measured from one malleolus to the other two inches more than the sound foot, is now, at the expiration of ten months, reduced to its normal dimensions."

Before speaking of the application of this remedy to the early stage of joint disease, Dr. K. states it as his opinion that the trouble usually commences in the cancellous portion of the bone, and on this principle bases his method of practice. He proposes interference by operation at the very earliest moment that congestive inflammation of the head of the bone can be fairly diagnosed, and, he continues, "I state with confidence that a perforation made into the cancellous structure, if freely cauterized with potassa cum calce, will be followed by relief from pain, and that the inflammation which ensues will be only such as is

attendant on and accompanies reparative action. The caustic tunnel may be made at once by cutting down on the bone and piercing the compact tissue with a strong knife, trocar or small trephine, and then freely cauterizing the full extent of the perforation; or, in less acute cases, a small eschar may be first made, the centre of which being incised, the caustic can be introduced, and by combining its action with the knife, the tunnel can be carried deeper from day to day, in a gradual manner. By means of this combined caustic perforation, I succeeded in arresting disease in its first onset in the head of the radius, in the case of a young man aged 24, in the year 1861. Since that time, I have tried it, with success, in several cases of incipient disease, in carpal, tarsal, and other superficial bones." Dr. Kirkpatrick gives one very satisfactory case, in which he had operated for severe hip disease. He counsels against the use of the remedy in the intermediate stages of the disease, but uses it extensively in the incipient stages of bone disease, as well as in those cases where fistulous communications with joints have existed for a length of time, and in which latter cases he endeavors, by the free application of the caustic, to maintain the sinus freely open until the deep parts have had time thoroughly to heal.

A few months ago we had the privilege, in company with Dr. Kirkpatrick, of seeing a large number of patients under his method of treatment, and, among others, the young man whose case he gives in full. It would be unfair to say that the cases did not look well; in the cases of caries, the diseased bone had the appearance of being thrown off, *paulatim*, and in these cases, as well as in those of unhealthy sinuses, new and healthy action was being taken on. We were convinced that the method might well be applied, *under anesthetics*, for caries of the carpus and tarsus, and to portions of certain superficial bones where the neighborhood of important vessels, nerves or synovial sacs rendered it undesirable to use the knife.

B.

PHYSICIANS vs. SURGEONS.—At the Veneral Hospital of Paris one of the surgeoncies is to be abolished, and a physician is to take the appointment. Veneral diseases lie in some degree between physic and surgery. The former seems in the ascendant in the French capital. At the lying-in hospital a similar alteration has taken place.—*Medical Press and Circular.*

## Medical and Surgical Journal.

BOSTON: THURSDAY, SEPTEMBER 24, 1868.

### WATERING PLACES.

Now that the summer campaign is over, and people are returning from the sea-side, it may be well to ask ourselves whether we have realized our anticipations of health, comfort and pleasure which the change from the coppery sun of July and August promised to afford us? and if we have not, by seeking the cause we may be able to remedy it another year. We leave quite out of the question the ultra fashionables to whom Newport or Long Branch is little more than a change of ball-rooms and a remodelling of toilettes, and address ourselves to the large middle class who seek for their families and themselves rest and recreation by a resort to the sea-side. Making all due allowance for the fact that very many of the summer visitants are invalids, and many more are delicate women and children, we shall see a considerable number besides who have sought health and who have not found it, and who return to the city with a legacy of acquired disease to bear with them through the winter.

We fully believe that some absence from the city in hot weather is essential to health, and we as thoroughly believe that *any* change is at first beneficial; but we must be permitted to say that the summer vacation has its disadvantages, as well as its advantages, and these disadvantages it is our duty to point out.

We hold it to be an axiom which needs no further proof, that it takes at least a week at the sea-shore before one begins to improve. That week is one of acclimation—one in which we gradually accustom the system to a change of all our habits for the last ten months; to a total change of hours, and of food, as well as of air and water. The salt air, which acts as a bracing tonic to the surface of the body, at the same time tends to constipate the bowels. The digestive system is still further deranged by the great change of hours and of diet to which rural customs compel us to submit. Everything is at first upset, and it takes time to

bring us round to the new order of things. Those who are wise will, therefore, begin their sea-shore life with a period of abstinence; and when able to indulge the appetite will follow the customs of the country, and eat only those things which can be had best out of town.

The meats are generally uneatable, or indigestible, because they are either old and tough, or just killed, or both; on the other hand, eggs, butter, milk and fish are the true staples at the sea-side.

Considerable caution must also be exercised in the choice of water, which is often saline or alkaline. When it is so, it may be used boiled in tea, or milk may be substituted.

But the great and crowning luxury that we seek is sea and country air. This at least must be unadulterated; and so, when Nature is undisturbed by man, it is. Full well we remember those spots where the meadows come down to the sea, where the sweet smell of the clover meets and mingles with the cool salt air from the ocean, and where a few minutes' walk will lead us into the balsamic fragrance of the pine and hemlock forests. All this we can have and enjoy out of doors, and in fair weather. But how is it in the house, and at night?

It is unfortunately true that ignorance of sanitary laws too often leaves the country or sea-side farm-house unventilated and unclean. Filth, which, cast into the great lap of nature, becomes innocuous and furnishes only nourishment to the herb and plant, when accumulated around the residence becomes a foul nuisance and a source of disease. Too often we find neglected privies, barnyards and pigsties close to the chambers, and turning the sweet night air into a nauseous vapor, which we are driven to exclude from our rooms. It is true that the permanent residents of the place may reap no immediate ill effects from these nuisances, because they are acclimated to them, although they may show the gradual results of bad air in their sallow complexions and lank frames, instead of ruddy health. But to the new comer, enfeebled by care and labor, or already an invalid, these noxious influence are at once injurious, and often lead to typhoid and dysentery.

Such, then, may be, not always *are*, the disadvantages we have to contend with in seeking health away from home. But we turn now to the mistakes we commit, and the evils we inflict, upon ourselves. Besides errors of diet, we have to contend with a total change of climate. All along our north-eastern coast the night air and the sea water are cold. There are very few nights when the land-breeze is sufficiently warm and dry to render it safe to sit out of doors. In spite of this, we find it to be the habit of delicate girls and women to pass whole evenings sitting on the sea-shore poorly protected by clothing, and using no exercise to keep them warm. But this abuse is nothing to that committed in excessive sea-bathing. While we are advocates of the open-air ocean-bath, we are quite convinced that care must be used in selecting the persons to whom it will prove beneficial, and the time and mode of its employment.

Most people stay in the water too long. Some ought never to go in at all, or on a very few hot days. The young and more delicate females here commit the most injudicious excesses. Such persons repeatedly stay in the water half an hour, and come out with their lips and nails purple, and a congested capillary circulation which is not restored for many hours. The very young and the very old should be bathed with the greatest caution, and had better use the sea-water in a close bath, rather than in the ocean. Five minutes for the weak, and from ten to fifteen minutes for people of average health, is as long as they ought to remain in the water. The robust swimmer, of course, may stay much longer with impunity. The earliest sensation of real chilliness, after the shock of the first dip has passed away, should be the signal for coming out. The bath should be followed not only by vigorous friction, but by exercise, to equalize the circulation. The effect of a prolonged cold sea-bath is a determination of blood away from the surface, and a marked congestion of the internal organs. This is evidenced by languor, heaviness of limbs, dislike for exertion, drowsiness and sleep. If these feelings persist, and are not dispelled at once by exercise,

the bath does more harm than good. He or she who feels long tired after a bath has derived from it no benefit, but the reverse; and yet, properly conducted, we believe it one of the most valuable tonics our summer vacation affords. We only protest against its abuse. The best time to bathe is midway between the morning and noon meal; and we should go into the water neither chilly nor over-heated. Active motion in the water is also very desirable. The want of conveniences for bathers at most of our sea-side resorts is simply barbarous, and takes away much both from the pleasure and the benefit of the bath. Instead of being obliged to scramble over rocks and run over long beaches to reach shelter, and to dress in a damp, dirty wooden cell, never sunned and never aired, we would advocate the introduction of a few European bathing luxuries. Such are bathing machines or houses rolled down to the tide; attendants to care for the feeble; comfortable dressing rooms, and a restaurant where a lunch, a cup of coffee, or a cigar, could be found close to the sea. We may despair of seeing these things introduced here, but we are convinced that they would pay the innovator who began them.

Such conveniences for healthy and comfortable enjoyment, together with certain reforms in boarding houses and hotels, would attract thousands to the sea-side, where hundreds now come. We are convinced that the custom of resorting to the ocean in dog days is yet in its infancy among us; and that with our enormous inland districts fully peopled, the migration hither to our cool Atlantic coast will be, bye and bye, incalculable.

Taught by the experience and observation of several seasons, we throw out these few hints for the benefit of all concerned.

We have received from the Publishers (Messrs. Lindsay and Blakiston) the *second* American from the *fifth* London edition of Dr. Aitken's standard work on the "Science and Practice of Medicine," edited by Dr. Meredith Clymer. We feel that we are doing our subscribers a service in calling their attention to the following extract from the Preface to the second edition:—

In the present edition the Editor has carefully revised his contributions, and added much new material. His additions are equal to about three hundred pages of the London edition. They will be chiefly found under the heads of:—Lardaceous Degeneration, Vaccination, Measles, Erysipelas, Typhoid, Relapsing, Yellow, and Malarial Fevers, Dysentery, Malignant Cholera, Malignant Pustule, Syphilis, Pathology of the Dietic Diseases, Scurvy, Parasitic Diseases, Rheumatism, Gout, Chronic Bright's Disease, Cancer, Tuberculosis, Diseases of the Nervous System, Diseases of the Heart and Lungs, the Sphygmograph, Pyæmia, Diseases of the Digestive Organs, Diseases of the Kidneys, and Diseases of the Cutaneous System.

They also include *twenty-two new articles* upon subjects not treated of, or only incidentally mentioned, by the author, namely:

Camp Measles, Spinal Symptoms in Typhoid Fever, Typho-Malarial Fever, Chronic Malarial Toxæmia, Chronic Camp Dysentery, Cholera Morbus, Cholera Infantum, Hereditary Syphilis, Gonorrhœal Rheumatism, Corpulence, Physical Diagnosis of the Diseases of the Brain and Spinal Cord, Delirium of Inanition, Chronic Alcoholism, Epileptiform Neuralgia, Auscultation in Health and in Disease, Capillary Bronchitis, Plastic Bronchitis, Dilatation of the Bronchia, Fibroid Degeneration of the Lung, The Inoculation of Tubercle, Chronic Pyæmia, Syphilitic Disease of the Liver.

The subjects of Locomotor Ataxy, Glossopharyngeal Paralysis, Aphasia, Dilatation of the Bronchia, the Sphygmograph and its tracings in disease, were introduced into this text-book by the Editor in the first American Edition (1866). They were first treated of by the Author in the Fifth English Edition (1868), and his articles on these disorders are chiefly condensed from those of the Editor, with the exception of the one on Dilatation of the Bronchia, which Dr. Aitken has abridged from Dr. T. G. Stewart's excellent article in the *Edinburgh Medical and Surgical Journal*, December, 1867.

**NEW JOURNALS.**—We have just received the first number of the "*Dominion Medical Journal* (monthly) of Medicine and Surgery," edited by Liwellyn Brock, Esq., M.D., and published at Toronto, Ont. It contains 24 double-column pages; and if its editor is able to carry out his hopes and views in reference to the status of the profession, and to raising the standard of education, we shall heartily sympathize with his efforts, and wish him success.

We have received the first number of the "*Pharmacist*," a new journal published by the Chicago College of Pharmacy. It is a handsome octavo of 20 pages, devoted to the interests of pharmacy in the West.

**THE PHYSICIANS' HANDBOOK** for 1869, by Wm. and A. D. ELMER, M.D.—We have received from the publishers, W. A. Townsend and Adams, New York, this very useful manual. It contains a large amount of printed matter on Diseases and Remedies; and by its arrangement of ruling and subjects combines a *Ledger* with a *Day Book*. It is, therefore, a most useful compendium for all physicians. Its merits will be found more fully set forth among the advertisements.

**ON VAGINISMUS.** By SCANZONI.—The views presented by Dr. Marion Sims at the session of the London Obstetrical Society, November 6, 1861, on this topic, and again maintained in his "*Clinical Notes on Uterine Surgery, &c.*, London, 1866," in which he regards the disease as an hyperæsthesia of the hymen and the ostium vaginae, have induced Scanzoni to lay his views and observations on that disease before the public. According to Sims, the irritability of the external genitals is so excessive that the slightest touch is intolerable, and sexual commerce quite impossible. This irritability, which especially affects the inferior surface of the well developed hymen, and induces persistent contractions of the sphincter vaginae *ani*, is not accompanied with any morbid sensibility of the canal above the hymen; nor is inflammation of the inferior surface of the hymen generally present; but the margin of the membrane is hard and tense. Sims's treatment consists in the ablation of the hymen, incision of the vaginal orifice, and subsequent dilatation of the same by large glass bougies or dilators. Of thirty-nine cases thus treated all were cured, and, although in many cases complicated with other causes of sterility, six had conceived. Finally, Sims denied the utility of dilatation simply, without previous removal of the diseased hymen. During the last three years, Scanzoni has seen thirty-four marked cases. The disease has in many of the cases played an important part in producing sterility. He regards the condition as due chiefly to rude efforts at cohabitation, often associated with rigidity and excessive development of the hymen, and nar-

rowness of the ostium vaginae. Impaired virility is regarded as an unfrequent cause of this condition. Evidences of inflammation, as redness, swelling, and epithelial exfoliation, were always present; but twice was the hymen found entirely uninjured; in eight cases it was either superficially or deeply lacerated. In the remaining twenty-four cases only the caruncle were present, and these too were red, thickened, cedematous, and were partially excoriated; and in fourteen cases more or less intense vaginitis existed. Only when a considerable period of sexual abstinence had elapsed were these indications of traumatic inflammation absent; and Scanzoni suggests that the cases observed by Dr. Sims may have been chiefly of that character.

This serious affection, which but too easily leads to conjugal dissatisfaction and coldness, renders the most scrupulous investigation imperative; coincident diseases of the most varied character being frequently discovered. Scanzoni found that twenty-five of his thirty-four patients were suffering from various functional and organic deviations, which in twenty cases supervened after marriage, viz: Eleven were suffering from congestive dysmenorrhœa, one from amenorrhœa for three years, thirteen from chronic metritis, four from ante and retroversion, one from perimetritis, seventeen from chronic uterine catarrh, fourteen from vaginal catarrh, one from ante and two from retroflexion, nine from urinal difficulties, one from inflammation of the right Bartholins gland; in fourteen, symptoms of anæmia, and in seventeen of hysteria, were present. Notwithstanding the incompleteness of the sexual act, conception was not quite impossible, two of the thirty-four cases having conceived; the remaining thirty-two had lived from one to eleven years in sterile marriage. The sterility was in no way connected with the absence of the sexual appetency, but dependent wholly upon the muscular spasm, which involved all the muscles of the pelvis, and rendered investigation by the touch or speculum, without chloroform, unavailing.

With appropriate treatment the prognosis is uniformly favorable; but, except when complete sexual abstinence can be assured, a spontaneous cure is not to be anticipated. On the other hand, every repetition of the sexual act is followed by renewed excitement, even when the intervals are protracted to apparently complete subsidence of all the symptoms.

In relation to the treatment, Scanzoni finds himself strongly opposed to the views

of Dr. Sims. Of more than 100 cases that have fallen under his observation, in times past, he has been completely successful in the treatment of all to which he was able to give his personal attention, without in a single case having recourse to the knife. The first condition of success is complete sexual abstinence; for the first three or four days a tepid sitz bath should be used night and morning; warm local bathing with aq. Goulardi, or the same, applied with lint, several times a day. Defecation must be regulated, and friction from motion carefully avoided. After a few days the sensibility of the parts will be so much allayed that a solution of arg. nitrat. x.-xx. grs. to 3i. may be applied with a brush. After about eight days continuance of this treatment, vaginal suppositories of ext. belladonna and Cacao butter may be placed behind the hymen and in contact with it, daily. These remedies, either alternately or simultaneously, must be continued until every trace of inflammation has disappeared, and the normal sensibility is restored. Generally two or three weeks will be required to attain these objects. Then dilatation must be commenced, but for this purpose sponge tents are useless. A graduated series of milk-glass conical specula are best adapted to this object. After the first slightly painful attempt, the patient generally will be able to introduce it with facility, and it may be allowed to remain from one-half to one hour. Even when the hymen remains, it will not be necessary to incise it, as dilatation can be effected without recourse to that measure. At first the dilator may be used every two or three days, then every day or twice a day for two or three hours, gradually increasing the size of the dilator until the object shall have been attained, which in some instances may require an instrument admitting dilatation, as that of Segalas. Sitzbaths, belladonna, and pencilling with nitrate of silver may be required from time to time, and the cure will usually be completed in from six to eight weeks. It will be seen that, although the treatment of Sims is attended with an equally satisfactory result, it is of a much more serious character (a fatal result from hæmorrhage is reported to have occurred) than the treatment adopted by Scanzoni; and after the operation the success of the treatment depends generally upon the subsequent dilatation. The time required, moreover, is nearly the same by either process. Hence the procedure of Sims is in no respect to be regarded as an advance in gynecology, as little so, even, as is his



operation of splitting the cervix uteri, which, with such glowing eloquence, he lauds for the cure of dysmenorrhœa and sterility. Scanzoni is thoroughly convinced that these are but surgical splurges, that impose on the inexperienced only, while the professional expert justly ignores them. He predicts their fate. For a time they will be the theme of much remark; soon after they will pass into merited oblivion.—*Monatschrift für Gebertskunde*, in *Detroit Review of Medicine and Pharmacy*.

**DISLOCATION OF TENDONS.**—M. Jarjavay observes that, while it is obvious that in severe injuries of joints the displacement of tendons forms but one of the details of the general lesion, the question of whether these admit of displacement without coëxisting fracture of the bones or dislocation of the joints is not so easily determined; most authors, however, answering it in the negative. A portion of the subject he has had opportunities of studying, and now presents the results.

1. *Displacement of the Long Tendon of the Biceps.*—After a critical examination of the supposed examples of this occurrence which have been published, and relating five analogous cases which have come under his own notice, he arrives at the following conclusions: 1. The simple dislocation of the long tendon of the biceps has no existence, or at all events this has never been demonstrated. 2. That the lesion which has been mistaken for it is situated in the sub-acromial serous bursa. 3. This lesion consists in inflammatory swelling, caused by the contusion or rupture of the bursa; or, as a consequence of the inflammation, in hypertrophy with induration of its parietes, and a fibrous transformation of the cellular lamellæ which traverse it. 4. The following are the symptoms observed: A sensation of displacement at the time of the accident; tumefaction of the point of the shoulder; pain which prevents the movements of the arm, especially abduction; flexure of the forearm on the arm, with consequent rigidity of the biceps, and a sense of fatigue at the bend of the elbow; increase of pain, and a noise beneath the acromion when the limb is raised in a state of abduction—that is, when the tuberosity of the humerus is caused to slide beneath this apophysis (this noise, a kind of cracking, gives the idea of the reduction of something displaced, and is reproduced every time the bone is rotated while held in a horizontal position); a disappearance of the pain, and return of the movements of the part

after rest, placing the forearm in a sling, and the application of resolvent lotions to the shoulder, the noise persisting even after the pain has disappeared and the movements of the part have again returned. 5. The application of electricity to the attachments of the deltoid and supra-spinatus muscles is an excellent means of immobilizing the scapula, while the arm is at the same time exercised.

2. *Dislocation of the Tendons of the Peronei Muscles.*—Of the reality of this lesion M. Jarjavay has no doubt, not only on account of cases which have been recorded by others, but also because of two well marked examples he has met with himself, the particulars of which he gives. Still it is a very rare accident, for he cannot agree with M. Demarquay that so obvious a lesion could have been often overlooked by competent surgeons. In two of the recorded cases the tendons of both the peronei were displaced, but in the others only that of one, which M. Jarjavay believes must have always been that of the longus. In almost all the cases the weight of the body in falling has borne upon one foot, the extremity of this being turned inwards. In such a case a fracture of the malleolus or a bad sprain from distention or rupture of the ligaments often results; but in other cases, when the groove of the malleolus is not very deep, a rupture of the sheath occurs and the tendons are luxated. Of eighty persons examined by M. Jarjavay, he found that in four the posterior edge of the malleolus only incompletely contained the tendon of the peroneus longus when he induced forcible contraction of the muscle. This would then act as a predisposing cause, the efficient one consisting in the energetic contraction of the muscles when, on a fall upon the anterior extremity of the foot turned inwards, an effort is made to replace it. The symptoms most resemble those of a severe sprain, the patients often being able to walk somewhat after the accident. There is swelling with or without ecchymosis, and in the midst of the infiltrated tissue the tendon is felt rolling under the finger. It is easily replaced by pushing it from before backwards, the displacement being reproduced at will by causing the peronei to contract, while the anterior extremity of the foot is fixed and directed inwards. In some cases it is displaced spontaneously with the greatest ease. With an appropriate starch bandage applied, after the swelling has subsided, the cure is generally completed by about the thirtieth day.—*Brit. and For. Med.-Chir. Rev.*, from *Gaz. Hebdomad.*

## Selections and Medical Items.

**DEATH OF PROFESSOR SCHÖNBEIN.**—The Atlantic cable reports that Christian Friedrich Schönbein, of Basle, died recently at Baden-Baden. He was born at Wurtemberg, October 18th, 1799, and at an early age devoted himself to science; but, being far from rich, had to teach in order to get means to complete his studies. In London, which he visited in 1826, he became acquainted with Faraday; and in 1828 was appointed Professor in the University of Basle, in Switzerland. He became famous in a few years for the boldness and originality of his generalizations; and, although always inferior to several contemporaries, as an experimenter, has, perhaps, never had a superior as a theorist.

In 1839, Schönbein made his great discovery of ozone, the form which oxygen assumes under severe electric discharges, and which gives to the air the peculiar odor which prevails after a stroke of lightning. This discovery gave the first impulse to those fruitful inquiries into the influence of different conditions of the atmosphere upon health, which have occupied the attention of M. Schönbein and other chemists for many years.

Twenty years later, in 1859, M. Schönbein discovered "Antozone," another form of oxygen, which, however, is as yet known only in such compounds as the peroxyde of sodium and potassium. These remarkable results are as prominent as almost any in modern chemistry.

In 1845, M. Schönbein invented gun cotton; and for more than a year there was a general belief that the whole military system of projectiles would be changed by it. But the explosive violence of the gun cotton was found too great and uncontrollable for this use, and it was employed chiefly for blasting.

But among the singular properties of gun cotton, it was found to be perfectly soluble in ether, and after many experiments by chemists, this solution, to which the name of collodion had been given, was found to be the best material to be "sensitized" for photographic impressions. Mr. F. Scott Archer announced in the *Chemist* of March, 1851, his success in making iodized collodion for this purpose, and from that time the art of photography may be considered as a success.

M. Schönbein was the author of several treatises on iron and its combinations with oxygen, on physical chemistry, on combustion, and on the results of his own discoveries. In private life he was universally esteemed.—*Med. and Surg. Rep.*

**THE DEAD ALIVE.**—Here is something gay, in the way of inventions. You recollect Edgar Poe's catalepsy coffin, with inside cushions for comfort, and springs for the moment of waking. The idea was very elementary and perhaps practical. But a Frenchman has beaten it all to pieces. He calls his invention a "Respiratory-Advertising Apparatus for Precipitate Inhumations." You can see the mechanism of the thing from where you are. "You can breathe while notifying the outside world that you are resurrected." What *maître!* By this invention the buried individual

puts himself in communication with the living by means of a tube fixed over the mouth with a funnel-shaped mouth-piece, the other end projecting from the earth or stone above. "If the individual," to quote the prospectus, "finds himself uneasy in his position (!), he has only to demand the attention of the guardians of the cemetery, which he can easily do, and his case will be attended to at once."

So that if this ingenious invention comes into general use, the people who select cemeteries as a place of resort, must not be surprised hereafter at hearing queer sounds proceeding from time to time from the earth around them. We can imagine the surprised promenader exclaiming to a guardian:—"What do you allow people to play the trombone here?" and the guardian replying:—"That's no trombone. It's the old fellow of yesterday—down there—the seventh to the left—who demands a change of base!"

The inventor thinks no family ought to be without one of his tubes. The charming man! Pretty soon he will pretend that children cry for them. *Paris Cor. N. Y. Times.*

## MEDICAL DIARY OF THE WEEK.

MONDAY, 9, A.M., Massachusetts General Hospital, Med. Clinic. 9, A.M., City Hospital, Ophthalmic Clinic. TUESDAY, 9, A.M., City Hospital, Medical Clinic; 10, A.M., Medical Lecture. 9 to 11, A.M., Boston Dispensary. 10-11, A.M., Massachusetts Eye and Ear Infirmary.

WEDNESDAY, 10 A.M., Massachusetts General Hospital Surgical Visit. 11 A.M., OPERATIONS.

FRIDAY, 9, A.M., City Hospital, Ophthalmic Clinic; 10, A.M., Surgical Visit; 11, A.M., OPERATIONS. 9 to 11, A.M., Boston Dispensary.

SATURDAY, 10, A.M., Massachusetts General Hospital Surgical Visit; 11, A.M., OPERATIONS.

TO CORRESPONDENTS.—ANSWER TO Contributor.—To J. L. S. M.—The Editor must decline publication until an *analysis* is furnished.

BOOKS AND PAMPHLETS RECEIVED.—Atlas of Venereal Diseases, by A. Cullerier. Translated by Freeman J. Bumstead, M.D. Philadelphia: Henry C. Lea. 1868. Part IV.—The Philadelphia Medical Register and Directory. Edited by John H. Packard, M.D., Secretary of the College of Physicians of Philadelphia.—Report on Cholera, to the Indiana State Medical Society. By Geo. Sutton, M.D., Aurora, Ind.—Report on Surgery; read before the Ohio State Medical Society, June, 1858. By Prof. W. H. Mussey, M.D.

MARRIED.—In this city, Sept. 16th, Robert Willard, M.D., to Miss Caroline Williamson.

**DEATHS IN BOSTON** for the week ending Saturday noon, September 19th, 114. Males, 56—Females, 58.—Accident, 1—apoplexy, 2—disease of the bowels, 1—congestion of the brain, 4—disease of the brain, 1—inflammation of the brain, 2—bronchitis, 2—burns, 1—cholera infantum, 29—consumption, 11—convulsions, 3—croup, 1—diphtheria, 5—diarrhoea, 4—dropsy, 1—dropsy of the brain, 4—dysentery, 1—typhoid fever, 2—hemorrhage, 1—disease of the heart, 1—intemperance, 1—disease of the liver, 3—congestion of the lungs, 2—inflammation of the lungs, 5—marasmus, 5—measles, 1—old age, 4—premature birth, 2—suicide, 1—tetanus, 1—ulcer, 1—unknown, 4—whooping cough, 1.

Under 5 years of age, 68—between 5 and 20 years, 10—between 20 and 40 years, 15—between 40 and 60 years, 9—above 60 years, 12. Born in the United States, 85—Ireland, 17—other places, 12.